

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
FOR USE WITH FORM PTO-875J

SERIAL NO. 097830620

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	1		1				61	1					
2		1		1			62	1					
3		1		1			63	1					
4		1		1			64	3					
5		1		1			65	3					
6		1		1			66	3					
7		1		1			67	3					
8		1		1			68	3					
9		1		1			69	3					
10		1		1			70	3					
11		2		2			71	3					
12		1		2			72	3					
13		2		2			73	3					
14		2		2			74	3					
15		2		2			75	3					
16		2		2			76	1					
17		2		2			77	1					
18		2		2			78	2					
19		2		2			79	2					
20		2		2			80	2					
21		2		2			81	2					
22		2		2			82	2					
23		2		2			83	1					
24		2		2			84	1					
25		2		2			85	2					
26		2	1				86	2					
27		2		1			87						
28		2		1			88						
29		2		1			89						
30		2		1			90						
31	1		1				91						
32		1		1			92						
33		1		1			93						
34		2		2			94						
35		2		2			95						
36		2		2			96						
37		2		2			97						
38		2		2			98						
39		2		2			99						
40		3		3			100						
41		3		3			TOTAL IND.	8					
42		3		3			TOTAL DEP.	14					
43	1						TOTAL CLAIMS	153					
44		1											
45		1											
46		1											
47		2											
48		2											
49	1												
50		1											
TOTAL IND.			3										
TOTAL DEP.			66										
TOTAL CLAIMS			69										

TO-1360 (3-78)